



CANNON BUILDING  
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STATE OF DELAWARE  
**BOARD OF MEDICAL LICENSURE AND DISCIPLINE**  
**MIDWIFERY ADVISORY COUNCIL**

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**EMERGENCY CARE FORM**

Name of Patient: \_\_\_\_\_

Anticipated address at time of delivery: \_\_\_\_\_

Number of miles between patient's address and nearest hospital: \_\_\_\_\_

Name of hospital: \_\_\_\_\_

Telephone numbers for hospital: \_\_\_\_\_

Telephone numbers for health care providers: \_\_\_\_\_

This plan sets forth the planned referrals during the pregnancy should a risk factor occur which requires consultation with or transfer of primary responsibility for maternal or neonatal care to a licensed health care provider or which requires maternal or infant transport to a licensed health care facility capable of providing necessary or emergency services, including cesarean section.

- I. For any non-pregnancy related condition that requires care by a licensed health care provider, care will be provided by: \_\_\_\_\_ for the care of the mother.
- II. Conditions which indicate immediate termination of the midwife's role as the primary provider of maternity/newborn care shall be handled by immediate referral to: \_\_\_\_\_ for care of the mother or: \_\_\_\_\_ for care of the infant.
- III. Should emergency transport of the mother or newborn be required, transport will be to: \_\_\_\_\_ with the mother's care referred to: \_\_\_\_\_ and the infant's care referred to: \_\_\_\_\_  
Estimated time for transport if greater than 30 minutes: \_\_\_\_\_

**Signature of Patient:** \_\_\_\_\_

**Signature of Midwife:** \_\_\_\_\_

Date \_\_\_\_\_